

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90546 001 \*\*\*450.00

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03192004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000033976</b> 1. Entity Name <b>DELAND MORTGAGE CORP.</b>					
Principal Place of Business <b>3405 TIMBERLANE DRIVE DELAND, FL 32720</b>			Mailing Address <b>3405 TIMBERLANE DRIVE DELAND, FL 32720</b>		
2. Principal Place of Business <b>120 E. Rich Ave.</b>		3. Mailing Address <b>120 E. Rich Ave.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DeLand, FL</b>		City & State <b>DeLand, FL</b>		4. FEI Number <b>11-3681648</b>	
Zip <b>32724</b>		Zip <b>32724</b>		Country <b>Volusia</b>	
Country <b>Volusia</b>		Country <b>Volusia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAROTTE, WILLIAM F 3405 TIMBERLANE DRIVE DELAND, FL 32720</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAROTTE, WILLIAM F</b> <b>3405 TIMBERLANE DRIVE</b> <b>DELAND, FL 32720</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAROTTE, MARGARET B</b> <b>3405 TIMBERLANE DRIVE</b> <b>DELAND, FL 32720</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date <b>3-24-04</b>		Daytime Phone # <b>386-801-2176</b>